BEACONSFIELD YOUTH CENTRE

West Tamar COUNCIL

MEMBERSHIP FORM

Participant's Name	
Parent's Name	
Address	
Contact Number	
Email Address	
Date of Birth	
School & Year Level	
MEDICAL INFORMATION Medical Conditions Allergies Dietary Requirements (please specify)	
Please detail medications and name of family doctor	
IN CASE OF EMERGENCY (please provide 2 names and numbers that we can contact)	1st Emergency Contact: 2nd Emergency Contact:

Please Note: All the information provided is treated in the strictest confidence, including any health information given. This information is sought in order to protect & assist the participant so that the activity may be a safe & enjoyable experience. If you have any questions please contact the coordinator of the Youth Centre, Sharni Rawlinson, Youth Worker of the West Tamar Council on 0429 416 310/6383 6353. If this form is not signed by a parent or guardian, access to the Youth Club and its activities will be refused.

PARTICIPANT'S BEHAVIOURAL CONTRACT

I …… agree to abide by the rules and values of The Beaconsfield Youth Centre, which have been set down. I also agree to respect the other users of the centre, the staff, volunteers and the neighbours in the area. If I break these rules, I can expect the appropriate warning or suspension from the Centre.

I understand that the centre has been opened for the youth of Beaconsfield and surrounding areas and will only become an ongoing venture if I follow the rules and regulations.

Participant's Signature	
Participant's Name	
Date	

PARENT/GUARDIAN CONSENT

I hereby give consent for my child …….. to participate in activities at the youth club. I understand that transport to and from the centre is not the responsibility of the leaders or the program and will [Please indicate appropriate choice]

- ❑ Collect my child/children each night (prior to closing otherwise suspension may apply)
- ❑ Allow them to walk home

I understand that the centre is a youth club and the young people are only supervised whilst in the building, unless on group activities. I give permission for my son/daughter to have their photo taken whilst on the activities, to be used only by the West Tamar Council for reporting requirements/promotional material.

I authorise the leaders to contact the participant's nominated doctor in the event of an emergency, obtain other medical assistance deemed necessary in the event of an emergency/accident, including the administration of an anaesthetic or the carrying out of necessary surgical procedures by a qualified medical practitioner.
I agree to pay all medical and dental expenses incurred on behalf of the above participant. The health information supplied above is accurate to the best of my knowledge.

Parent/Guardian's Signature	
Parent/Guardian's Name	
Date	